

Intervention: Intensive behavioral dietary counseling for adults with risk factors

Finding: Sufficient evidence for effectiveness

Potential partners to undertake the intervention:

- | | |
|---|--|
| <input type="checkbox"/> Nonprofits or local coalitions | <input type="checkbox"/> Businesses or labor organizations |
| <input type="checkbox"/> Schools or universities | <input type="checkbox"/> Media |
| <input checked="" type="checkbox"/> Health care providers | <input type="checkbox"/> Local public health departments |
| <input type="checkbox"/> State public health departments | <input type="checkbox"/> Policymakers |
| <input type="checkbox"/> Hospitals, clinics or managed care organizations | <input type="checkbox"/> Other: |

Background:

Intensive behavioral dietary counseling for adult patients with hyperlipidemia and other known risk factors for cardiovascular and diet-related chronic disease typically combines nutrition education with counseling provided by a nutritionist, dietitian, or specially trained primary care clinician.

Findings from the systematic reviews:

The U.S. Preventive Services Task Force (USPSTF) found evidence that routine education and counseling by primary care providers effectively promotes healthy diets. The Task Force recommends intensive behavioral dietary counseling specifically for adult patients with hyperlipidemia or other known risk factors, concluding both that this intervention is likely to improve important health outcomes and that its benefits outweigh potential harms.

Limitations:

The USPSTF did not identify any controlled trials of intensive counseling in children or adolescents that measured diet.

Additional Information:

[U.S. Preventive Services Task Force \(USPSTF\)](http://www.ahrq.gov/clinic/uspstf/uspsdiet.htm) - www.ahrq.gov/clinic/uspstf/uspsdiet.htm

References:

Pignone MP, Ammerman A, Fernandez L, Orleans CT, Pender N, Woolf S, Lohr KN, Sutton S. Counseling to promote a healthy diet in adults: a summary of the evidence for the U.S. Preventive Task Force. *Am J Prev Med* 2003; 24(1):84-101